



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE
United States Patent and Trademark Office
Address: COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, Virginia 22313-1450
www.uspto.gov

BIBDATASHEET

CONFIRMATION NO. 9719

Bib Data Sheet

SERIAL NUMBER 09/806,969	FILING DATE 04/06/2001 RULE	CLASS 375	GROUP ART UNIT 2613	ATTORNEY DOCKET N 87805-9024
-----------------------------	---------------------------------------	--------------	------------------------	---------------------------------

APPLICANTS

Graham Ward, Woking, UNITED KINGDOM;

** CONTINUING DATA *****

This application is a 371 of PCT/GB99/03361 10/11/1999 *VL*

** FOREIGN APPLICATIONS *****

UNITED KINGDOM 9822087.4 10/09/1998 *VL*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 09/09/2003

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> Examiner's Signature <i>VL</i> Initials	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWING 7	TOTAL CLAIMS 34	INDEPENDENT CLAIMS 5
---	--	------------------------	-----------------------	----------------------------

ADDRESS

Derek C Stettner
Michael Best & Friedrich
100 East Wisconsin Avenue
Milwaukee, WI
53202-4108

TITLE

Data compression unit control for alignment of output signal

FILING FEE RECEIVED 1272	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
------------------------------------	---	---

09 / 806969

DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER:	09 / 806969	RECEIPT DATE:	04 / 06 / 01
IA NUMBER:	PCT/ GB99 / 03361	IA FILING DATE:	10 / 11 / 99
FAMILY NAME:	WARD	DELAY WAIVED (Y/N):	<input checked="" type="checkbox"/>
GIVEN NAME:	GRAHAM	DEMAND RECEIVED (Y/N):	<input checked="" type="checkbox"/>
PRIORITY CLAIMED (Y/N):	Y	PRIORITY DATE:	10 / 09 / 98
NO BASIC FEE (Y/N):	N	US DESIGNATED ONLY (Y/N):	N
ATTORNEY DOCKET NUMBER:	87805-9024	COUNTRY:	
CORRESPONDENCE NAME/ADDRESS:	CUSTOMER NUMBER:	000000	TELEPHONE 0000000000
			FAX

NAME: DEREK C STETNER *Firmisner*

STREET: 100 EAST WISCONSIN AVENUE

CITY: MILWAUKEE

STATE/COUNTRY: WI ZIP: 53202

EMAIL:

APPLICATION TITLES:

1. DATA COMPRESSION CONTROL FOR ALIGNMENT OF OUTPUT SIGNAL

TAB TO LAST POSITION, PUSH, SEND